

Sustaining Voluntary Medical Male Circumcision (VMMC) Services and Linkages with Adolescent Sexual and Reproductive Health (ASRH): Lessons learned from the Zimbabwe Smart-LyncAges Project



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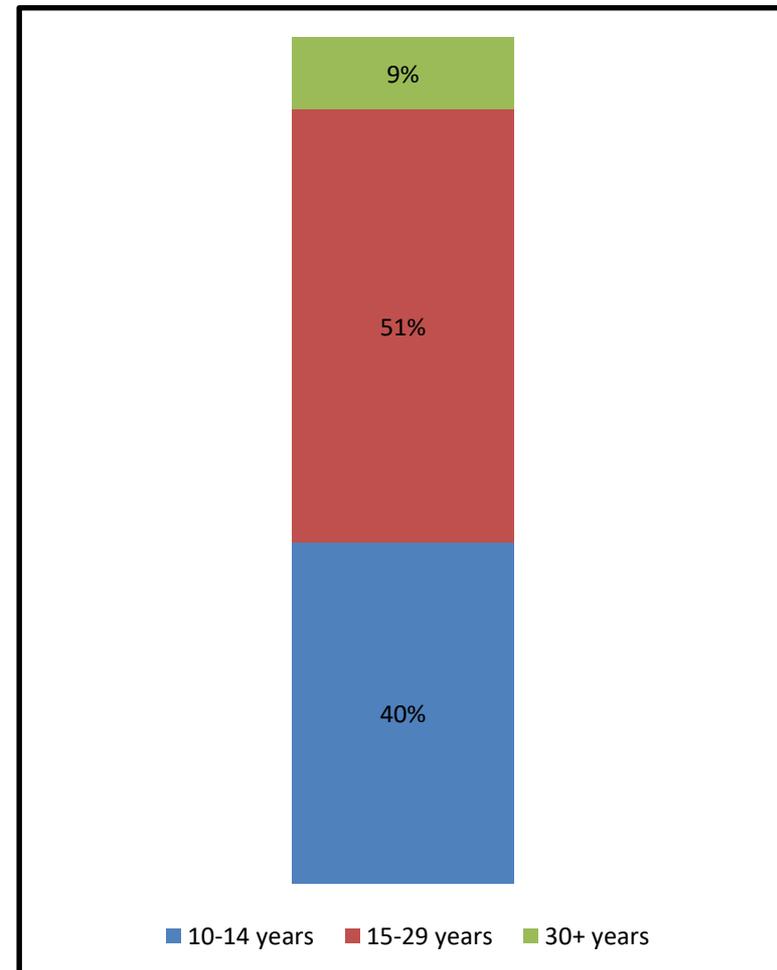
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Background



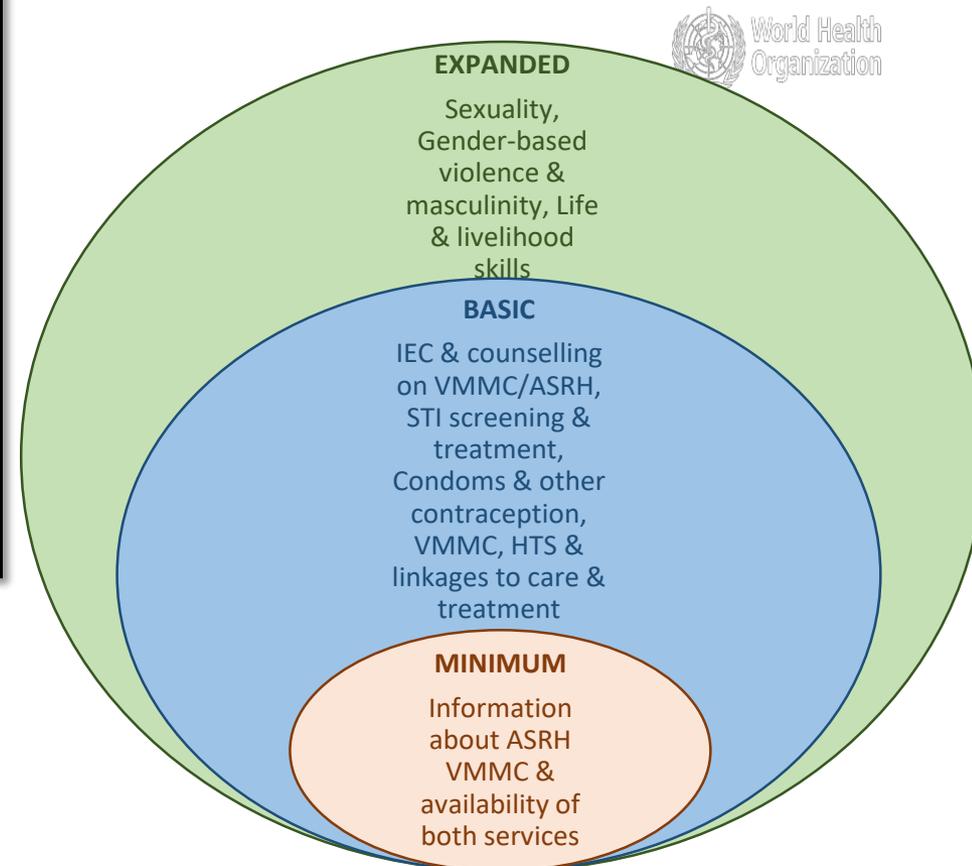
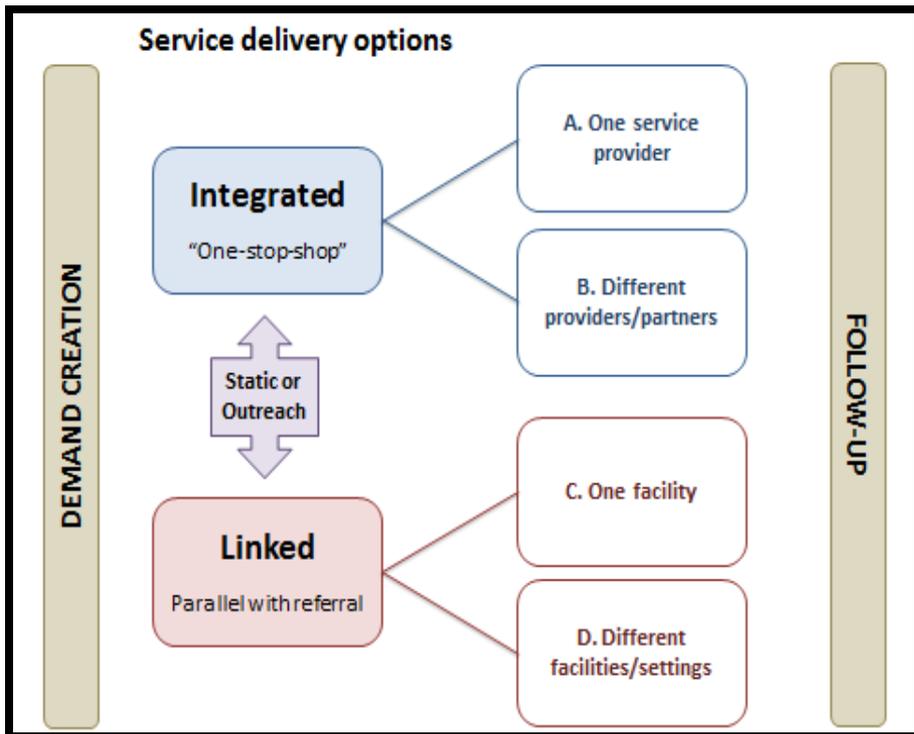
- Zimbabwe launched VMMC program in 2009
- Target: 80% males aged 10-29 years, 1.3 million by 2018
- Largely donor funded vertical program
- Smart Lync-Ages project started in 2014
 - Stakeholder consultations
 - Implementation started in March 2016
- Objective: To explore the feasibility of & capacity strengthening interventions to enhance ASRH – VMMC integration and/or linkages & inform transitions needed to sustain VMMC service delivery.

1 318 553 MCs up to June 2018



Materials & Methods

- Participatory learning & action approach in Mt Darwin (rural) & Bulawayo (urban)
- Evaluation using routinely collected data & feedback obtained during monitoring visits

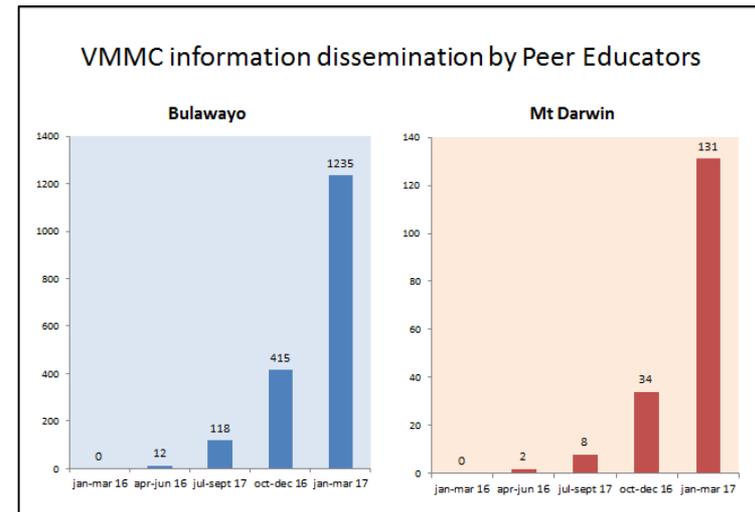


Results



March 2016 - March 2017

- **11 715** young people reached
 - VMMC and ASRH information (peer educators' interpersonal contacts, outreaches)
 - 502 referrals made to VMMC services & 454 referrals to ASRH services
- **11,971** young people circumcised with an upward trend monthly and a peak of 1,976 in March 2017
- Community engagement, intersectoral and partner collaboration
 - Synergies
 - Led to revision of the national ASRH strategy and the training manuals.



Lessons Learnt



Strong linkages require strong health systems

- Inherent systems weaknesses were reflected in the project
- Vibrant VMMC program provided a gateway to strengthening linkages



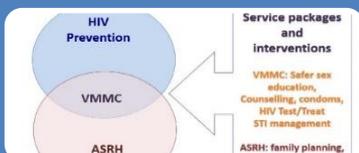
Funding & Access

- More evidence is needed on the use and cost of peer educators
- Stable funding & dedicated staff are necessary for project success
- Policies such as user fees for adolescents & geographic distance restrict service access



Community engagement

- Meaningful & active community engagement strengthens ownership and linkages
- Involvement of young people in project design promoted people centred services



Service Integration options

- Young people prefer a “one-stop-shop” for ASRH & VMMC services BUT not always possible

Conclusion



- A health systems perspective to integration and sustainability is key including engagement of community, parents and national to sub-national unit level of the system
- The lessons learned from this project will inform next phase.
- Key issues must be further explored
 - Research is needed to inform impact and effectiveness;
 - Participatory approaches which involve service users should continue to inform service delivery options and approaches.
 - Refine a package of quality services, equitable with financial protection in the context of Universal Health Coverage

